

CITY OF GROVE CITY

4035 Broadway Grove City, Ohio 43123 (614) 277-3000 Fax (614) 277-3011 SPECIAL USE PERMIT APPLICATION FEE \$100.00

www.ci.grove-city.oh.us

Date Submitted		

PROJECT INFORMATION					
BUSINESS NAME BUSINESS ADDRESS BUSINESS ADDRESS PARCEL TAX ID # 040-005547-00 EXISTING ZONING					
BUSINESS ADDRESS 2/170 ME DOWALL ROOF					
PARCEL TAX ID # 040-005547-00					
EXISTING ZONING					
PROPERTY OWNER('S) Tohn W. Messmore, Trustee M: w Properties					
3540 Larochelle Ugen Arinoton, Ohio 43221					
DAYTIME TELEPHONE FAX NUMBER (64)477666 (7)	S E-MAIL Messhare John e ad. com				
APPLICANT/AGENT					
NAME OF APPLICANT ROBIN B. RANFT					
DAYTIME TELEPHONE FAX NUMBER ()	Commercial Point, Chio 43116 F.MAIL ROBRANET C GMail. com				
DESIGNATED CONTACT PERSON Sume	DAYTIME TELEPHONE (44) 3(39363				
I, Robin B. Ranft , the applicant or the applicant's duly authorized agent, have					
read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.					
Site visits to the property play be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to					
visit and/or photograph the property described in this application. Signature of Applicant Date /2-2/-/					
Signature of Owner 2/1/0					
Signature of Owner Date 127. 10					
FOR OFFICE USE ONLY DATE RECEIVED PAYMENT RECEIVED/AMOUNT CHECK NUMBER					
12-27-10 \$\ 100	23OS				
RECEIVED BY KIM	DATE SCHEDULED FOR PLANNING COMMISSION -18-				
PROJECT ID #	PLANNING COMMISSION ACTION APPROVED DISAPPROVED				